(Rev. December 2019) Department of the Treasury

Change of Address or Responsible Party — Business

► Please type or print.

▶ See instructions on back. ▶ Do not attach this form to your return. ► Go to www.irs.gov/Form8822B for the latest information.

OMB No. 1545-1163

Internal nevertee Convice				EXHIBIT
Before you begin: If you are also changing your home add	dress, use	Form 8822 to report that change		ЕХПІВІТ
If you are a tax-exempt organization (see instructions), che	ck here			В
Check all boxes this change affects. 1	·	Forms 720, 940, 941, 990, 1041, 1	065, 1120,	4:23cv2153 Valentine v CHI
4a Business name			4b Employ	ver Identification number
HPC Industrial Services LLC			75-2503906	
Old malling address (no., street, room or suite no., city or town, stabelow, see instructions. 900 Georgia Avenue Deer Park TX 77536	ate, and ZIP	code). If a P.O. box, see instructions, If for	eign address, a	also complete spaces
Foreign country name	Foreign	province/county	Foreign	postal code
6 New mailing address (no., street, room or suite no., city or town, s below, see instructions. 42 Longwater Dr Norwell MA 02061	tate, and ZIF	code). If a P.O. box, see instructions. If fo	reign address,	also complete spaces
Foreign country name	Foreign	province/county	Foreign	postal code
7 New business location (no., street, room or suite no., city or town,	, state, and Z	IP code), if a foreign address, also comple	te spaces belo	w, see instructions.
Foreign country name	Foreign	province/county	Foreign	postal code
8 New responsible party's name Gregory Malerbl, Treasurer/SVP 9 New responsible party's SSN, ITIN, or EIN. (CAUTION: YOU MU	ST REFER 1	TO THE INSTRUCTIONS FOR FORM SS-	4 TO SEE WHO	D MAY USE AN EIN.)
Sign Here Signature. Under penalties of perjury, I declare that I have examine Daytime telephone number of person to contact (optional) Signature of owner, officer or representative Title	ed this applic	ation, and to the best of my knowledge an	d belief, it is tru	Plate
Where To File				
Send this form to the address shown here that applies to you. IF your old business address was in		THEN use this address		
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin		Internal Revenue Service Kansas City, MO 64999		
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Loulslana, Minnesota, Missis Missouri, Montana, Nebraska, Nevada, New Mexico, North Oklahoma, Oregon, South Dakota, Texas, Utah, Washingti	ssippi, h Dakota,			Revenue Service , UT 84201-0023

Cat. No. 57465H

Wyoming, any place outside the United States

Future Developments

Information about any future developments affecting Form 8822-B (such as legislation enacted after we release it) will be posted at www.irs.gov/Form8822B.

Purpose of Form

Use Form 8822-B to notify the Internal Revenue Service if you changed your business mailing address, your business location, or the identity of your responsible party. Also, any entities that change their address or identity of their responsible party must file Form 8822-B, whether or not they are engaged in a trade or business. If you are a representative signing for the taxpayer, attach to Form 8822-B a copy of your power of attorney. Generally, it takes 4 to 6 weeks to process your address or responsible party change.

Changing both home and business addresses? Use Form 8822 to change your home address.

Tax-Exempt Organizations

Check the box if you are a tax-exempt organization. See Pub. 557, Tax-Exempt Status for Your Organization, for details.

Addresses

Be sure to include any apartment, room, or suite number in the space provided.

P.O. Box

Enter your box number instead of your street address only if your post office does not deliver mail to your street address.

Foreign Address

Follow the country's practice for entering the postal code. Please do not abbreviate the country name.

"In Care of" Address

If you receive your mail in care of a third party (such as an accountant or attorney), enter "C/O" followed by the third party's name and street address or P.O. box.

Responsible Party

Any entity with an EIN is required to report a change in its "responsible party" on lines 8 and 9 within 60 days of the change. See Regulations section 301.6109-1(d)(2)(ii). See Form SS-4, Application for Employer Identification Number, and its instructions, for guidance about who can be a "responsible party" for line 8 and which identification number to enter for line 9.

Signature

An officer, owner, general partner or LLC member manager, plan administrator, fiduciary, or an authorized representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc.



If you are a representative signing on behalf of the taxpayer, you must attach to Form 8822-B a copy of your

power of attorney. To do this, you can use Form 2848. The Internal Revenue Service will not complete an address or responsible party change from an "unauthorized" third party.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Our legal right to ask for information is Internal Revenue Code sections 6001 and 6011, which require you to file a statement with us for any tax for which you are liable. Section 6109 requires that you provide your identifying number on what you file. This is so we know who you are, and can process your form and other papers.

Generally, tax returns and return information are confidential, as required by section 6103. However, we may give the information to the Department of Justice and to other federal agencies, as provided by law. We may give it to cities,

states, the District of Columbia, and U.S. commonwealths or possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

If you are an entity with an EIN and your responsible party has changed, use of this form is mandatory. Otherwise, use of this form is voluntary. You will not be subject to penalties for failure to file this form. However, if you fail to provide the IRS with your current mailing address or the identity of your responsible party, you may not receive a notice of deficiency or a notice of demand for tax. Despite the failure to receive such notices, penalties and interest will continue to accrue on any tax deficiencies.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 18 minutes.

Comments. You can send us comments from www.irs.gov/FormComments. Or you can write to the Internal Revenue Service, Tax Forms and Publications Division, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Don't send the form to this office.

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "HYDROCHEM LLC",
CHANGING ITS NAME FROM "HYDROCHEM LLC" TO "HPC INDUSTRIAL
SERVICES, LLC", FILED IN THIS OFFICE ON THE EIGHTH DAY OF JUNE,
A.D. 2022, AT 10:04 O'CLOCK A.M.



Authentication: 203679022

Date: 06-14-22

2350594 8100 SR# 20222654864

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:04 AM 06/08/2022
FILED 10:04 AM 06/08/2022
SR 20222654864 - File Number 2350594

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

-	mpany from HYDROCHE
SERVICES, LL	C effective June 30th, 2022
The state of the s	······
-	ave executed this Certifica
June	, A.D. <u>202</u> 2
June	, A.D. <u>202</u> 2
June	, A.D. <u>2022</u>
By:	, A.D. <u>2022</u>
t	SERVICES, LLo



State of Belaware

|ANITA

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

9000010 THE CORPORATION TRUST COMPANY CORPORATION TRUST CENTER 1209 ORANGE ST WILMINGTON, DE 19801 02-11-2022

ATTN: XAVIER MCLEAN | 14157797-SO-1.000 | MAJOR ACCOUNT TEAM 1

WILLIAMS

VILLIAIVIO		
DESCRIPTION		AMOUNT
6616329 - HPC INDUSTRIAL SERVICES, LLC - 06/11/2022	2	
0100C Name Reserve; Charge		
	Name Reservation Fee	\$75.00
	TOTAL CHARGES	\$75.00
	CHARGED TO ACCOUNT	\$75.00
	BALANCE	\$0.00